CENTERS FOR MEDICARE & MEDICARD SERVICES	<u></u>	OMB NO. 0936-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE:
STATE PLAN MATERIAL	03 - 08	TEXAS
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	PROGRAM IDENTIFICATION: TIT SECURITY ACT (MEDICAID)	LE XIX OF THE SOCIAL
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE:	
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	April 1, 2003	
5. TYPE OF PLAN MATERIAL (Circle One):		
		AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN		
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.51	7. FEDERAL BUDGET IMPACT: Se a. FFY 2003 \$	ee Attachment -0-
42 Of IC 447.31	b. FFY 2004 \$	-0-
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	EDED PLAN SECTION
	OR ATTACHMENT (If Applicable):	2020121102011011
See Attachment	See Attachment	
10. SUBJECT OF AMENDMENT:		
This amendment deletes cost sharing that was approved in Tran-		
approved amendment was enjoined by a state district court in Tr following the effective date of the amendment. The commission, under the amendment or generated the program cost savings the addition, the Texas Legislature is currently considering legislatic requirements. The attached amendment is proposed in order to a Texas Legislature and to enable the commission to consider all parts.	ravis County on December 16, 2002, the therefore, has not implemented the cos at were anticipated from its successful on that would codify certain Medicaid caccommodate new public policy as pres	first business day it sharing established implementation. In ost sharing
11. GOVERNOR'S REVIEW (Check One):	5	
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:	• • • • • • • • • • • • • • • • • • • •
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Sent to Governor's Office this date. be forwarded upon receipt.	Comments, if any, will
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
	Innan Onales	
	Jason Cooke State Medicaid/CHIP Director	
	Post Office Box 13247	
	Austin, Texas 78711	
14. TITLE: State Medicaid/CHIP Director		
15. DATE SUBMITTED: May 30, 2003		
FOR REGIONAL OF	FICE USE ONLY	
	18. DATE APPROVED:	
4 JUNE 2003	1 AUGUST 2	2003
PLAN APPROVED – ON		
	20. SIGNATURE OF REGIONAL OFFICE	AL:
1 APRIL 2003	the thin-	
21. TYPED NAME:	22. TITLE: ASSOCIATE REGIONAL	ADMINISTRATOR
ANDREW A. FREDRICKSON	DIV OF MEDICAID &	
23. REMARKS:		

Revision: HCFA-PM-91-4	(BPD) OMB No.: 0938-
State/Territory:	Texas .
<u>Citation</u> 4.18	Recipient Cost Sharing and Similar Charges
42 CFR 447.51 * (a) through 477.58	Unless a waiver under 42 CFR 431.55(g) applies, deductibles, coinsurance rates, and copayments do not exceed the maximum allowable charges under 42 CFR 447.54.
1916(a) and (b) (b) of the Act	Except as specified in items 4.18(b)(4), (5), and (6) below, with respect to individuals covered as categorically needy or as qualified Medicare beneficiaries (as defined in section 1905(p)(1) of the Act) under the plan:
	(1) No enrollment fee, premium, or similar charge is imposed under the plan.
	(2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:
	(i) Services to individuals under age 18, or under
	Age 19
	Age 20
	Age 21
STATE Texes DATE REC'D 6-4-03 DATE APPV'D 8-1-03 DATE EFF 4-1-03 HCFA 179 TX 03-08	Reasonable categories of individuals who are age 18 or older, but under age 21, to whom charges apply are listed below, if applicable.
SUPERSEDES: TN- 03-15	(ii) Services to pregnant women related to the pregnancy of any other medical condition that may con Moate the pregnancy.
* For Categorically Needy and are imposed under the State	d Medically Needy eligibles, no cost sharing or similar charges Plan.
TN No. 03-08	
Supersedes TN No. 02-15	Approval Date 8-1-03 Effective Date 4-1-03

HCFA ID: 7982E

Revision: HC	FA-PM-91-4	(BPD)	OMB No.: 0938-
S	State/Territory:		Texas .
Citation	*	4.18(b)(2	2) (Continued)
42 CFR 447.5		(iii)	All services furnished to pregnant women.
through 477.58	3		Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.
		(iv)	Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his or her income required for personal needs.
		(v)	Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).
		(vi)	Family planning services and supplies furnished to individuals of childbearing age.
		(vii)	Services furnished by a health maintenance organization in which the individual is enrolled.
1916 of the Ac	t,	(viii)	Services furnished to an individual receiving hospice care,
P.L. 99-272, (Section 9505)			as defined in section 1905(o) of the Act.
_	cally Needy an under the State	-	y Needy eligibles, no cost sharing or similar charges
SUPERSEL	DES: TNG	12-15	STATE TOXOS DATE REC'D 6-4-03 DATE APPV'D 8-1-03 DATE EFF 4-1-03 HCFA 179 TX 03-08
TN No. 03-0	OS		
Supersedes TN No	o. <u>O2 -15</u>	Approval Da	ate 8-1-03 Effective Date 4-1-03

Effective Date <u>4-/-03</u>

HCFA ID: 7982E

Citation 4.18(b) (Continued) 42 CFR 447.51 (3) Unless a waiver under 42 CFR 431.55(g) applies, nominal through 447.58 deductible, coinsurance, copayment, or similar charges are imposed for services that are not excluded from such charges under item (b)(2) above. Not applicable. No such charges are imposed. (i) For any service, no more than one type of charge is imposed. (ii) Charges apply to services furnished to the following age groups: 18 or older 19 or older 20 or older 21 or older Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21. STATE Texas EVERCED 4.4.03 LATE FF V 2.5.1 03 DATE EFF 4.03 LATE FF V 2.3.03 DATE EFF 4.03 A SUPERSEDES: TN-02-15	Revision: H	CFA-PM-91	-4 ((BPD)	OMB No.: 0938-
42 CFR 447.51 nominal through 447.58 deductible, coinsurance, copayment, or similar charges are imposed for services that are not excluded from such charges under item (b)(2) above. Not applicable. No such charges are imposed. (i) For any service, no more than one type of charge is imposed. (ii) Charges apply to services furnished to the following age groups: 18 or older 19 or older 20 or older Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21. STATE Texas I STATE STATE I		State/Territo	ory:		Texas .
nominal through 447.58 deductible, coinsurance, copayment, or similar charges are imposed for services that are not excluded from such charges under item (b)(2) above. Not applicable. No such charges are imposed. (i) For any service, no more than one type of charge is imposed. (ii) Charges apply to services furnished to the following age groups: 18 or older 19 or older 20 or older 21 or older Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21.	Citation	4.1	8(b)	(Continu	ued)
are imposed for services that are not excluded from such charges under item (b)(2) above. Not applicable. No such charges are imposed. (i) For any service, no more than one type of charge is imposed. (ii) Charges apply to services furnished to the following age groups: 18 or older 19 or older 20 or older Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21.	<u>nominal</u>			, ,	
(i) For any service, no more than one type of charge is imposed. (ii) Charges apply to services furnished to the following age groups: 18 or older 19 or older 20 or older 21 or older Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21. STATE Texqs I WE PECD 6 = 4 - 03 LATE PET 103 DATE EFF 4 - 03 - 03	unough 447.	36		are in	mposed for services that are not excluded from such
imposed. (ii) Charges apply to services furnished to the following age groups: 18 or older				\boxtimes	Not applicable. No such charges are imposed.
age groups: 18 or older 19 or older 20 or older Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21. STATE Texas I ATE PEOD 4 - 4 - 03 LATE PEO D 5 - 1 03 DATE EFF 4 - 1 - 03 HOEA 470 TX 03 - 08				(i)	•
19 or older 20 or older 21 or older 21 or older 21 or older				(ii)	
20 or older 21 or older Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21. STATE Texas ENTERECT A - 03 DATE EFF. 4 - 1 - 03 HOGA 470, TY 03 - 08					18 or older
Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21. STATE Texas ENTEREOD 4-4-03 DATE EFF 4-1-03 HOEA 170, TX 03-08					19 or older
Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21. STATE Texas E WE PEOD 6-1-03 DATE EFF 4-1-03 HOEA 170 TY 03-08					20 or older
following reasonable categories of individuals listed below who are 18 years of age or older but under age 21. STATE Texas [NE PEO'D 4 - 4 - 03 LATE PEV D 5 - 1 03 DATE EFF 4 - 1 - 03 HOEA 170 TY 03 - 08					21 or older
DATE OF A - 1 - 03 HOEA 170 TY 03 - 08					following reasonable categories of individuals listed below who are 18 years of age or older but
DATE OF A - 1 - 03 HOEA 170 TY 03 - 08					
DATE OF A - 1 - 03 HOEA 170 TY 03 - 08					
DATE EFF 4-1-03 HOEA 170 TX 03-08					STATE_Texas
HCEA 170 TX 03-08			,		DATE PEND & TO 03 A
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TN No. 03-08

Supersedes TN No. 02-15 Approval Date 8-1-03 Effective Date 4-1-03

Revision: HCFA-PM-91-4 (BPD)

August 1991 **Texas** State/Territory: 4.18(c) Individuals are covered as medically needy under the Citation plan. 42 CFR 447.51 (1) An enrollment fee, premium or similar charge is imposed. ATTACHMENT 4.18-B specifies the amount of and through 447.58 liability period for such charges subject to the maximum allowable charges in 42 CFR 447.52(b) and defines the State's policy regarding the effect on recipients of nonpayment of the enrollment fee, premium, or similar charge. 447.51 through No deductible, coinsurance, copayment, or similar charge (2) imposed under the plan for the following: 447.58 Services to individuals under age 18, or under --(i) Age 19 Age 20 Age 21 Reasonable categories of individuals who are age 18, but under age 21, to whom charges apply are listed below, if applicable: Texas DATE REC'D 6-4-03 Α SUPERSEDES: TN- 02-15 TN No. 03-08

Supersedes TN No. 02-15 Approval Date 8-1-03

Effective Date 4-1-03

OMB No.: 0938-

Revision:	HCFA-PM-91-4	(BPD)		OMB No.: 0938-
	State/Territory:		Texas	
Citation	4.18(c)) (Continue	ed)	
		nom char	ess a waiver under 42 CF <u>sinal</u> deductible, coinsurar ges are imposed on servion a such charges under item	nce, copayment, or similar ces that are not excluded
		\boxtimes	Not applicable. No such	n charges are imposed.
		(i)	For any service, no mor imposed.	e than one type of charge is
		(ii)	Charges apply to service age group:	es furnished to the following
			18 or older	
			19 or older	
			20 or older	
			21 or older	
			Reasonable categories of years of age or older, but charges apply are listed	
			PT-0020000000000000000000000000000000000	
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Supersedes TN No. 02-15 Approval Date 8-1-03 Effective Date 4-1-03

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Texas
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A. The following charges are imposed on the categorically needy:

Service Service	Nature of Charg	Amount and Basis for Determination	
Service	Coinsurance	STATE Texas DATE REC'D 6-4-03 DATE APPV'D 8-1-03 DATE EFF 4-1-03 HCFA 179 TX 03-08	A

TN No. <u>03-08</u>

Supersedes TN No. 02 -15

Effective Date 4-1-03

SUPERSEDES: TN- 02-15

Revision: HCFA-PM-85-14 (BERC) September 1985

Attachment 4.18-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURIT	Y.	AC	T
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	State: Texas .
B.	The method used to collect cost sharing charges for categorically needy individuals:
	Providers are responsible for collecting the cost sharing charges from individuals.
	The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.
C.	The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:
রা	STATE TEXAS DATE REC'D 6-4-03 DATE APPV'D 8-1-03 DATE EFF 4-1-03 HCFA 179 TX 03-08
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TN. No. <u>03-08</u>

Supersedes TN No. 02-15 Approval Date 8-1-03 Effective Date 4-1-03

HCFA ID: 0053C/0061E

Revision: HCFA-PM-85-14 (BERC) September 1985

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	STATE PI	LAN UNDER TITLE XI	X OF THE SOCIAL SECURITY ACT	
		State:	Texas .	
D.		s for implementing and e 2 CFR 447.53(b) are desc	enforcing the exclusions from cost sharing cribed below:	
E.	Cumulative ma	aximums on charges:		
	State policy	y does not provide for cu	mulative maximums.	
	Cumulative	e maximums have been e	established as described below:	
			STATE_Texas	। त्यारः स्वराणकेरोतिकारिकार्यस्य अस्य ः वि
			DATE REC'D 6-4-03 DATE APPV'D 8-1-03 DATE EFF 4-1-03	Α
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TN. No. <u>03-08</u>

Supersedes TN No. 02-15 Approval Date 8 1-03 Effective Date 4-1-03

Revision: HCFA-PM-85-14 (BERC)

September 1985

Attachment 4.18-C

Page 1

OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas	<u>.</u>
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A. The following charges are imposed on the medically needy for services:

Service	Deductible	Nature of Charge Deductible Coinsurance Copayment			Amount and Basis for Determination		
					n economica de disputación de esta como esta esta españa de esta esta esta esta esta esta esta est		
					DATE REC'D 6-4-03		A
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TN No. <u>03-08</u>

Supersedes TN No. 02-15

Approval Date 8-1-03

Effective Date 4-1-03

SUPERSEDES: TN- 02-15

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September 1985

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State: Texas .
В.	The method used to collect cost sharing charges for categorically needy individuals:
	Providers are responsible for collecting the cost sharing charges from individuals.
	The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.
C.	The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

STATE Texas

DATE REC'D 6-4-03

DATE APPV'D 8-1-03

DATE EFF 4-1-03

HCFA 179 TX 03-08

SUPERSEDES TN- 02-15

TN. No. <u>03-08</u>

Supersedes TN No. 02-15 Approval Date 8-1-03

Effective Date 4-1-03

HCFA ID: 0053C/0061E

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September 1985

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY A	CT/	ΔTF P	ANI	INDER	TITLE	XIX	OF THE	SOCIAL	SECURITY	A	CT
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	State: Texas .
D.	The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:
E.	Cumulative maximums on charges:
	State policy does not provide for cumulative maximums.
	Cumulative maximums have been established as described below:

SUPERSEDES: TN- 02-15

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•	E REC'D 6-4-03	
	EAPPV'D 8-1-03	A
	EEFF 4-1-03	%
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TN. No. <u>03-08</u>